

APR 24 2007

FAX TRANSMISSION

DATE: April 24, 2007

PTO IDENTIFIER: Application Number 09/894,203
Patent Number

Inventor: Ichiro TOMOHIRO

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: MORRISON & FOERSTER LLP

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PAGES (Including Cover Sheet): 12

CONTENTS:	Transmittal Form (1 page) Fee Transmittal Form (1 page) Petition for 3-Month Extension of Time (1 page) Notice of Appeal (1 page) Pre-Appeal Brief Request for Review (1 page) Pre-Appeal Brief (5 pages) Certificate of Transmission (1 page)
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PTO/SB/97 (09-04)

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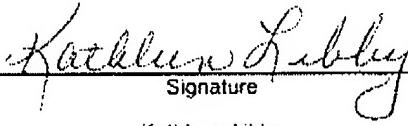
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Application No. (if known): 09/894,203

Attorney Docket No.: 299002053200

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Transmittal Form (1 page)
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Petition for 3-Month Extension of Time (1 page)
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Pre-Appeal Brief (5 pages)

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APR 24 2007

PTO/SB/21 (09-08)

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TRANSMITTAL FORM

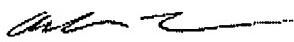
(to be used for all correspondence after initial filing)

Application Number	09/894,203		
Filing Date	June 28, 2001		
First Named Inventor	Ichiro TOMOHIRO		
Art Unit	2136		
Examiner Name	D. G. Cervetti		
Total Number of Pages in This Submission	10	Attorney Docket Number	299002053200

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) Return Receipt Postcard Pre-Appeal Brief Request for Review Pre-Appeal Brief
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Adam Keser		
Date	April 24, 2007	Req. No.	54,217

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APR 24 2007

PTO/SB/17 (02-07)

Approved for use through 02/28/2007. OMB 0651-0003
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2007		Application Number	09/894,203
		Filing Date	June 28, 2001
		First Named Inventor	Ichiro TOMOHIRO
		Examiner Name	D. G. Cervetti
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2136
TOTAL AMOUNT OF PAYMENT (\$ 1,520.00)		Attorney Docket No.	299002053200

METHOD OF PAYMENT (check all that apply)				
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify) _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number 03-1952				Morrison & Foerster LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues) _____							
Each independent claim over 3 (including Reissues) _____							
Multiple dependent claims _____							
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
10	- 20 =	x	=	Fee (\$)	Fee Paid (\$)	_____	
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	_____			
1	- 3 =	x	=	_____			
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 =	/50	(round up to a whole number) x	=	Fees Paid (\$)	_____		
4. OTHER FEE(S)							
Non-English Specification. \$130 fee (no small entity discount) _____							
Other (e.g., late filing surcharge): 1253 Extension for response within third month _____							
1401 Notice of appeal _____							
SUBMITTED BY							
Signature			Registration No. (Attorney/Agent)	54,217	Telephone	(703) 760-7301	
Name (Print/Type)	Adam Keser		Date	April 24, 2007			

va-202128